



APPLICATION FORM

(TO BE FILLED IN BLOCK LETTERS & TICK THE APPLICATION BOX)

AFFIX RECENT
PHOTOGRAPH

INVOICE NO.
(For Office Use Only)

APPLIED FOR
Regular Correspondence

EVEREST AIR INSTITUTE OF MANAGEMENT

NAME IN FULL	FIRST NAME	MIDDLE NAME	SURNAME

FATHER / HUSBAND NAME

FATHER'S OCCUPATION

SEX	MALE	FEMALE	HEIGHT	WEIGHT	NATIONALITY
	<input type="checkbox"/>	<input type="checkbox"/>			

DATE OF BIRTH	MARITAL STATUS	M	UM
		<input type="checkbox"/>	<input type="checkbox"/>

ADDRESS FOR COMMUNICATION : _____

Pin Code : _____ Telephone : _____ Mobile : _____
E-mail : _____

EDUCATION LEVELS (INDICATE FROM 10th ONWARDS)

SUBJECTS	UNIVERSITY / BOARD	COURSE / DEGREE	YEAR	%

ATTACH THE : 1. TWO RECENT PASSPORT SIZE PHOTOGRAPHS

FOLOWINGS : 2. ATTESTED XEROX COPIES OF EDUCATIONAL CERTIFICATES PHOTO ID & RESIDENCE PROFF.

NOTE : FEES TO BE PAID ON THE GIVEN DATES AS DISCUSSED IN INSTITUTE DURING ADMISSION OF CANDIDATE. FEES WILL NOT BE REFUNDABLE. INSTITUTE WILL NOT BE HELD RESPONSIBLE FOR MISPLECMENT OF VEHICLE OF ANY CANDIDATE.

DECLERATION :

I HEREBY DECLARE THAT ALL THE PARTICULAR STARTED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE UNDERSTOOD ALL THE PROVISIONS OF THE PROSPECTUS AND AGREE TO ABIDE BY THEM. IN THE EVENT OF SUPPRESSION OR DISTORTION OF ANY FACT LIKE EDUCATIONAL QUALIFICATION, STUDY PERIOD ETC. MADE IN MY APPLICATION FORM, I UNDERSTAND MY ADMISSION IS LIABLE IS FOR CANCELLATION.

Guardian's Signature _____ Date _____ Sign. Of Candidate _____